

**New Jersey Department of Health and Senior Services
Consumer and Environmental Health Services
P. O. Box 369
Trenton, NJ 08625-0369**

STATE USE ONLY

**INITIAL APPLICATION FOR LICENSE
TO MANUFACTURE FROZEN DESSERTS**

In-State frozen desserts manufacturers should indicate gross	Fee
wholesale business during last fiscal year (<i>check applicable box</i>)	Schedule
<input type="checkbox"/> Less than \$100,000.00	\$100.00
<input type="checkbox"/> Excess of \$100,000.00. but not in excess of \$500,000.00.....	\$300.00
<input type="checkbox"/> Excess of \$500,000.00	\$500.00
Out-of-State wholesale frozen dessert manufacturers	\$100.00
Mobile units	\$50.00

MAKE CHECK OR MONEY ORDER
PAYABLE TO:
"NEW JERSEY DEPARTMENT OF
HEALTH AND SENIOR SERVICES"

Complete all information. Mail original copy with your fee to the above address. Retain a copy for your records.

Check/Money Order No.	Date of Check/Money Order	Amount	Date of Application
-----------------------	---------------------------	--------	---------------------

IDENTIFICATION

Name of Owner(s) or Corp.		If Mobile Unit (Year and Make of Truck)		
Trade Name		Vehicle Identification No. (VIN)		
Telephone Number	County	Depot Location		
If Incorporated, Name of State	Federal ID / Social Security No.	City	State	Zip Code
Establishment Location		Mailing Address (If Different Than Location)		
City	State	Zip Code	City	State
				Zip Code

BRANDS UNDER WHICH FROZEN DESSERTS ARE SOLD

Brand Names:

INITIAL APPLICATION FOR LICENSE TO MANUFACTURE FROZEN DESSERTS
(Continued)

MILK PRODUCTS MIX PURCHASED OR RECEIVED FROM				
Name		Name		
Street Address		Street Address		
City	State	Zip	City State Zip	
NAMES AND ADDRESSES OF OFFICERS				
President (Full Name)	Address	City	State	Zip Code
Vice-President (Full Name)	Address	City	State	Zip Code
Secretary (Full Name)	Address	City	State	Zip Code
Treasurer (Full Name)	Address	City	State	Zip Code
Registered NJ Agent (Full Name)	Address	City	State	Zip Code
AFFIDAVIT				
<p>State of _____</p> <p>County of _____</p> <p>I, _____, being duly sworn according to law upon his(her) oath deposes and says that he(she) is (President, Vice President, Secretary, Treasurer, Owner) and hereby certifies that the information given in this application is true and complete to the best of his(her) knowledge, information and belief.</p> <p>Sworn and Subscribed before me this _____ day _____</p> <p style="text-align: right;"><i>Signature and Title of Applicant</i></p> <p>of _____, in the year _____.</p> <p>_____ <i>Notary Public Signature</i></p> <p style="text-align: right;">_____ <i>Date</i></p>				